

ROCKDALE COUNTY PLANNING AND DEVELOPMENT **DEMOLITION PERMIT**

SUBMIT:	
☐ Proof of ownership of the land and structure	
☐ One (1) copy of the contractor's business license	
\Box Commercial property: One (1) copy of the asbestos and or lead test report and one (1) copy of the	
Asbestos Waste Shipment Document if applicable	
□ \$50 fee (check, credit card, money order or exact cash)	
Date:	
PROPERTY INFORMATION:	
Address of project:	
Lot number:	Subdivision name:
	20002/10/21 Number
PROPERTY OWNER INFORMATION:	
Name of property owner:	
Current address:	
Phone:	Email:
	L
CONTRACTOR INFORMATION:	
Name of company:	
Name of main contact:	
Address:	
Phone:	Email:
STRUCTURE:	
Type: □ Brick □ Stucco □ Metal □ Frame □ Other:	
Square footage: Number of floors:	
I,, allow Rockdale County inspectors to enter the property and the structure.	
Signature	
Signature	
Department of Planning and Development contact:	
In person: 958 Milstead Avenue, Conyers, GA 30012	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: permit@rockdalecountyga.gov	Fax: 770 278-8940

O.C.G.A. 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit: ☐ I am a United States citizen. ☐ I am a legal permanent resident of the United States. ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____ ** Wait to be in front of the notary before signing ** the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute. Executed in Conyers, Georgia, this ______ day of ______, 20_____

Applicant signature

Seal:

Notary Public signature

GA Registration No. and expiration date